

**REQUEST FOR APPROVAL OF ACCREDITATION FOR CONTINUING EDUCATION
FOR THE
ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**

101 East Capitol, Suite 113 – Little Rock, AR 72201, 501-682-0574, FAX 501-682-0575

\$100.00 Application Fee

Date _____ Approval Number _____

Hours Approved _____

Requesting Individual or Organization _____

Coordinator: _____ Title _____

Address _____

Name of Program _____

Clock Hours of Course Anticipated: _____

Instructor(s): _____ Title _____

Instructor's Credentials: _____

Description of Material to be Covered: (a program outline-including times for all portion of the program and any breaks MUST BE ATTACHED) _____

Date of Program _____ Location _____

How to Register: (Call) _____ at () _____

Or (Write) _____

Cost Per Person \$ _____ Anticipated Licensees in Attendance _____

Person to Certify Attendance _____

If approval is granted, How do you feel attending will aid the licensee in serving the public? _____

Please attach any additional information that would be helpful to the Board in deciding approval (program brochures, other agencies approving the programs for continuing education credit). **WITHOUT ADEQUATE INFORMATION, THE BOARD CANNOT GRANT APPROVAL.** Additional information may also be included on the back of this application.